



# Accident & Hospitalization Protection

COVERAGE AT HOME, AT WORK AND AT PLAY



Insurance coverage underwritten by



**State Mutual**  
Insurance Company  
Since 1936

# Focus on recovery, not expenses.

## Accidental Death Lump Sum<sup>1</sup>

# \$300,000 Lump Sum Benefit

Pays the lump sum benefit amount when a covered person dies solely as a result of, and within 90 days of, a covered accidental injury.

## Accident Benefits<sup>1</sup>

### ACCIDENTAL FRACTURE NO LIFETIME MAXIMUM

The Accidental Fracture Benefit will pay the lump sum benefit amount when a covered person suffers a fracture as a direct result of an accidental injury and the fracture is diagnosed and treated by a physician within 90 days after the covered accident. If a covered person sustains more than one fracture as a result of one accidental injury, we will pay two times the largest accidental fracture benefit.

	Open/Compound	Closed
Skull (depressed)	\$25,000	\$12,500
Skull (simple)	\$10,000	\$5,000
Hip/Thigh	\$15,000	\$7,500
Leg	\$8,000	\$4,000
Rib	\$2,500	\$1,250

## Benefits are paid directly to you

to help with expenses major medical insurance does not pay, like:

- Deductibles
- Co-payments
- Special diets
- Loss of income
- Utilities
- Groceries
- Transportation or lodging to seek the best treatment
- Mortgage/Rent
- Childcare
- Necessary home modifications



## Accident Benefits<sup>1</sup> CONTINUED

Accidents happen.  
An unintentional-  
injury death occurs  
every four minutes,  
and a disabling injury  
every second.<sup>2</sup>

### ACCIDENTAL DISLOCATION NO LIFETIME MAXIMUM

The Accidental Dislocation Benefit will pay the lump sum benefit amount when a covered person suffers a dislocation as a direct result of a covered accidental injury and the dislocation is diagnosed and treated by a physician within 90 days after the covered accident.

	Multiple Dislocation	Dislocation	Partial Dislocation
Hip	\$37,500	\$25,000	\$6,250
Knee (not knee cap)	\$30,000	\$20,000	\$5,000
Shoulder	\$22,500	\$15,000	\$3,750
Foot or Ankle	\$18,750	\$12,500	\$3,125
Hand	\$15,000	\$10,000	\$2,500
Finger or Toe	\$7,500	\$5,000	\$1,250

### ACCIDENTAL LACERATION // Up to \$5,000 NO LIFETIME MAXIMUM

The Accidental Laceration Benefit pays the lump sum benefit amount when a covered person suffers a laceration as a direct result of an accidental injury and the laceration is repaired with sutures by a physician within 72 hours after a covered accident.

### ACCIDENTAL BURN // \$12,000 NO LIFETIME MAXIMUM

The Accidental Burn Benefit pays the lump sum benefit amount when a covered person suffers second-degree burns covering at least 25 percent of the body, or third-degree burns covering at least nine square inches of the body, will also pay 50 percent of the lump sum benefit when a covered person receives skin grafts as a direct result of a covered accidental injury and is treated by a physician within 72 hours after the covered accident.

## Accidental Dismemberment Lump Sum Benefit<sup>3</sup>

Up to  
\$ **150,000** Lump Sum Benefit

Pays the applicable lump sum benefit amount if a covered person suffers total and irrecoverable loss of eyesight or limbs solely as a result of, and within 90 days of, a covered accidental injury. If a covered person sustains more than one covered loss as a result of one accident, the benefit will pay only one amount—the largest amount the covered person is entitled to.

<sup>2</sup>Injury Facts 2017 Edition. National Safety Council.

<sup>3</sup>Accident Benefit Insurance Policy. Policy benefit amounts listed are based on the Plan E benefit plan. Other benefit plans are available. Premiums vary by plan.

# Chronic Illness Benefits<sup>4</sup>

The benefits listed below increase by 5% every year for 20 years.

**\$50,000** Grows to **\$100,000** in 20 Years

**ALZHEIMER'S BENEFIT** // Pays the Alzheimer's Lifetime Benefit amount if a covered person is diagnosed by a physician with Alzheimer's disease and such person, as a result of Alzheimer's, is confined to a licensed nursing facility for at least 60 days.

The out-of-pocket costs to the family add up to an average of \$9,970 per year for an Alzheimer's patient.<sup>5</sup>

**\$100,000** Grows to **\$200,000** in 20 Years

**PERMANENT PARALYSIS** // Pays the Permanent Paralysis Lifetime Benefit amount when a covered person is diagnosed with permanent paralysis.

**\$100,000** Grows to **\$200,000** in 20 Years

**COMA** // Pays the Coma Lifetime Benefit amount when a covered person has been in a coma for a period of 30 consecutive days.

**\$25,000** Grows to **\$50,000** in 20 Years

**END-STAGE RENAL FAILURE** // Pays the End-Stage Renal Failure Lifetime Benefit amount when a covered person is diagnosed with end-stage renal failure as a result of sickness or disease.



## Transplant Benefits<sup>6</sup>

The benefits listed below increase by 5% every year for 20 years.

**\$100,000** Grows to **\$200,000** in 20 Years

**HUMAN ORGAN TRANSPLANT** // Pays the Organ Transplant Lifetime Benefit amount if a covered person is the recipient of a human organ transplant because the organ can no longer adequately function, causing a covered person to be at greater risk of death.

On average,  
79 people receive  
organ transplants  
each day.<sup>7</sup>

**\$50,000** Grows to **\$100,000** in 20 Years

**STEM CELL TRANSPLANT** // Pays the Stem Cell Transplant Lifetime Benefit amount if a covered person is the recipient of a human stem cell transplant. This benefit is not payable for the harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

**\$50,000** Grows to **\$100,000** in 20 Years

**BONE MARROW TRANSPLANT** // Pays the Bone Marrow Transplant Lifetime Benefit amount if a covered person is the recipient of a bone marrow transplant. This benefit is not payable for the harvesting, storage and subsequent reinfusion of bone marrow from the recipient.

**\$50,000** Grows to **\$100,000** in 20 Years

**DONOR BENEFIT** // Pays the Donor Benefit amount when a covered person is the recipient of a transplant.

## Hospital Confinement Benefits<sup>8</sup>

**\$5,000** Lump Sum Benefit

### HOSPITAL CONFINEMENT LUMP SUM BENEFIT

Pays the lump sum benefit amount when a covered person is confined in a hospital for at least 18 hours as an inpatient due to a sickness or injury. Benefit is payable once per hospital confinement period.

**NO LIFETIME MAXIMUM**

### GUARANTEED PURCHASE OPTION

When your policy has been in force for three years, we will offer you an option to increase your Hospital Confinement Lump Sum Benefit amount by 15 percent of its original benefit amount. Additional premiums will apply.

Anniversary Year	Starting Benefit Amount	GPO Benefit Amount	Total Benefit Amount
3rd Year	\$5,000	\$750	\$5,750
6th Year	\$5,750	\$750	\$6,500
9th Year	\$6,500	\$750	\$7,250

<sup>6</sup>Chronic Illness Benefit Rider. Benefits decrease by half at age 70. Policy benefit amounts listed are based on the Plan E benefit plan. Other benefit plans are available. Premiums vary by plan.

<sup>7</sup>Organ Donation Statistics. U.S. Department of Health & Human Services. Retrieved on May 26, 2015, from <http://www.organdonor.gov/about/data.html>.

<sup>8</sup>Hospital Confinement Lump Sum Benefit Insurance Policy. Policy benefit amounts listed are based on the Plan E benefit plan.

Other benefit plans are available. Premiums vary by plan.

## Wellness Benefit<sup>9</sup>

### **HEALTHY SCREENING AND DIAGNOSTIC TESTING \$100 per covered person/calendar year**

Pays a lump sum benefit amount for diagnostic tests, such as mammograms, CAT scans, MRIs and many blood tests. Benefit payment is limited to one test per calendar year per covered person.

### **HEALTHY LIFESTYLE \$50 per covered person/calendar year**

Pays a lump sum benefit amount if a covered person undergoes a physical examination by a physician or for participation in a healthy lifestyle program, such as a gym membership, weight-loss program or smoking cessation program. Benefit payment is limited to one program per calendar year per covered person (age 18 or older).

### **ALTERNATIVE CARE BENEFIT \$50 per covered person/24 visits per lifetime**

Alternative care is limited to yoga, meditation, relaxation techniques, Tai Chi, acupuncture, therapeutic massage or nutritional counseling. Pays benefit amount for alternative care prescribed by a physician. Limited to once per month for a lifetime maximum of 24 visits per covered person.

### **PHYSICIAN OFFICE VISIT \$50 per visit/4 visits per covered person per calendar year**

**NO LIFETIME MAXIMUM** Pays benefit amount for a physician's office visit each day that a covered person receives outpatient treatment from a physician due to a covered injury or sickness.

## Accidental Injury Emergency Room Benefit<sup>10</sup>

### **\$1,500 per visit/4 visits per covered person per calendar year NO LIFETIME MAXIMUM**

Pays benefit amount for services provided in a hospital emergency room due to an accidental injury. Limited to four emergency room treatments per calendar year.

## Accidental Medical Benefit<sup>10</sup>

### **Up to \$750 for Chiropractic, Dental, Physical Therapy Treatments and/or X-Rays**

#### **NO LIFETIME MAXIMUM**

Pays benefit amount for visits to a chiropractor, dentist, physical therapist or for x-rays received as a result of an accidental injury. Up to six chiropractic and/or physical therapy treatments per accident per covered person, and one dental and/or x-ray benefit per accident per covered person.

## Policy Advantages

- Policy pays a lump sum benefit for hospital confinement—with no deductibles or coinsurance required.
- Policy is guaranteed renewable as long as you pay your premiums on time.
- Any hospital in the U.S. may be used.
- Premiums do not increase because you get older.

<sup>9</sup>Wellness Indemnity Benefit Rider

# Annual Benefit Example

Primary Insured Age \_\_\_\_\_ Premium \_\_\_\_\_

	PROBABLE BENEFITS			POSSIBLE BENEFITS		
	Screening (1/person/year)	Healthy Lifestyle (1/person/year)	Physician Visits (Max. 4/person/year)	Accidental Injury Emergency Room	Accidental Medical Benefit	Hospital Confinement Lump Sum Level
	\$100	\$50	\$50	\$1,500	up to \$750	
Primary Insured						
Spouse						
Dependents 18+						
Dependents Under 17		N/A				
<b>TOTALS</b>						

**PROBABLE BENEFITS**  + **POSSIBLE BENEFITS**  = **POTENTIAL BENEFIT EXAMPLE**

Example assumes eligibility for all listed benefits. See limitations and exclusions.  
Premium payable for the base policy and riders.

## Return of Premium

### AVAILABLE TO APPLICANTS AGES 18 TO 74.<sup>11</sup>

If you purchased this rider between the ages of 18 and 69, we will return all premiums paid for the policy minus any claims paid to you if you pass away prior to age 80. If rider issue age is 70–74, we will return all premiums paid minus any claims if you pass away within 10 years.

### AVAILABLE TO APPLICANTS AGE 49 AND UNDER.<sup>12</sup>

We will return all premiums paid (less any claims paid) every 20 years.

	Premium Paid In	Claims Paid*	Refund Amount
Example 1	\$15,000	\$150,000 Claims	No Refund
Example 2	\$15,000	\$5,000 Claims	\$10,000
Example 3	\$15,000	\$0 Claims	\$15,000

\*Other than Physician Office Visit Benefit or Wellness Benefit

## Policy Options

Your Age \_\_\_\_\_

\$ \_\_\_\_\_ Plan Level      \$ \_\_\_\_\_ Plan Level      \$ \_\_\_\_\_ Plan Level

\$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

<sup>11</sup> Return of Premium Upon Death Indemnity Benefit Rider

<sup>12</sup> 20 Year Return of Premium Indemnity Benefit Rider

Toll-Free **1-877-822-0582**

Our customer service specialists are friendly and knowledgeable licensed agents.  
If you have a question, please call us.

This brochure is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy and riders for exact details of costs and further details of coverage, including exclusions, any restrictions, limitations and the terms under which the policy may be continued in force. With questions, see your agent or contact the insurance company.

This is a solicitation of insurance and an agent may contact you.

**THIS IS A LIMITED POLICY. READ YOUR POLICY CAREFULLY. THIS POLICY IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. THIS COVERAGE CANNOT REPLACE THAT COVERAGE.**

Pre-existing conditions are not covered during the first six months after the policy date.

**Waiting Periods:** A waiting period is the number of days for which no benefits are payable. A waiting period does not apply in the event of a covered accident. The benefits listed under the Wellness Indemnity Benefit Rider are subject to a 90-day waiting period. The benefits under the Hospital Confinement Lump Sum Benefit Insurance Policy and the Chronic Illness Benefit Rider are subject to a 30-day waiting period.

If you are not satisfied with your policy, send it back to customer service within 30 days after you receive it, and the insurance company will return your money, less any claims paid.

**Duplication of Policy Benefits:** Where there is an overlap in coverage between a hospital confinement benefit amount in the policy and a hospital confinement benefit amount in any rider thereto, the higher of these two applicable benefit amounts will be paid. The policy/riders are limited health coverage that provide benefits in addition to other insurance you may have.

A hospital is an institution licensed or certified as a hospital in the state in which it is located. It does not include other facilities that provide institutional care, such as nursing facilities; rehabilitation facilities; alcohol, drug or substance abuse treatment facilities; or extended care facilities.

Hospital confinement period begins with the first day of confinement as an inpatient in a hospital. It ends when an insured has been out of the hospital 60 consecutive days.

To be eligible for benefits, you must receive medically necessary covered care, as defined in the policy.

**NOTICE TO BUYER:** This policy and riders provide limited benefits. They may not cover all the costs incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations, exclusions, terms and conditions.

This brochure is designed to be a marketing aid and is not to be construed as a contract for insurance.

This brochure provides a brief description of the important features of policy form(s) SMHI2015 and SMAC2015 and rider forms SMCIIR, SMWIBR, SMROPD and SM20ROP.



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  - No automated phones—real people providing real service

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