



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

DEPENDENT ACCIDENT RIDER TO CERTIFICATE OF INSURANCE FOR ACCIDENTAL INJURY

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to you because: (1) you paid the additional premium for this Rider; and (2) we relied on the Application you made. Unless amended by this Rider, Certificate Definitions, Exclusions and Limitations, other Provisions and terms apply to this Rider.

Effective Date - If issued at the same time as the Certificate, this rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider. The insurance of a dependent will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

DEFINITIONS

When the terms below are used in this rider, the following definitions will apply:

YOU, YOUR Means the person named in the Certificate Schedule.

SPOUSE Means the person married to you on the Effective Date of this Rider.

This Rider may only be issued to your spouse if your spouse is between ages 18 and 64, inclusive. Coverage on your spouse terminates when your spouse attains age 70.

CHILDREN Means your natural children, step-children, foster children, adopted children or children placed for adoption, who are younger than age 26.

Dependent Children also include grandchildren, who are (1) unmarried; (2) under age 26; and (3) if they are the employee's dependents for federal income tax purposes, or (4) if the employee must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

If your children are covered under this Rider, your children born or placed in your home after the Effective Date of this Rider will also be covered from the moment of live birth or placement. No notice or additional premium is required.

DEPENDENT Means your spouse, child, or children, named in the application for this rider for whom a premium is paid.

ACTIVE "Active" as used refers to a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

TREATMENT Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If a dependent is injured in an accident, we will provide the benefits contained in the Certificate under the Benefits Section. The appropriate benefit amounts we will pay for the dependent are shown in the Dependent Benefit Schedule issued with this Rider.

LIMITATIONS AND EXCLUSIONS

The applicable limitations and exclusions are shown in your Certificate under the Limitations and Exclusions section.

GENERAL PROVISIONS

If your spouse's coverage is terminated because of annulment or divorce, or a dependent child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any accident which occurred while the dependent was covered under this Rider.

TIME LIMIT ON CERTAIN DEFENSES After this Rider has been in force for a period of two years it shall become incontestable as to the statements contained in the Application.

CONTRACT This Rider is part of the Certificate, and will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at its Home Office.



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary

**DEPENDENT
BENEFIT SCHEDULE**

SPOUSE AND CHILD

	<u>Closed</u> <u>Reduction</u>	<u>Open</u> <u>Reduction</u>
FRACTURES		
Hip/thigh	4,500	6,750
Vertebrae	4,050	6,075
Pelvis	3,600	5,400
Skull (depressed)	3,375	5,063
Leg	2,700	4,050
Forearm/hand/wrist	2,250	3,375
Foot/ankle/knee cap	2,250	3,375
Shoulder blade/collar bone	1,800	2,700
Lower jaw (Mandible)	1,800	2,700
Skull (simple)	1,575	2,363
Upper arm/upper jaw	1,575	2,363
Facial bones (except teeth)	1,350	2,025
Vertebral processes	900	1,350
Coccyx/rib/finger/toe	360	540
DISLOCATIONS	<u>Closed</u> <u>Reduction</u>	<u>Open</u> <u>Reduction</u>
Hip	2,700	4,050
Knee (not knee cap)	1,950	2,925
Shoulder	1,500	2,250
Foot/ankle	1,200	1,800
Hand	1,050	1,575
Lower jaw	900	1,350
Wrist	750	1,125
Elbow	600	900
Finger/toe	240	360
LACERATIONS		
2" to 5"	200	
Lacerations not requiring stitches	25	
CONCUSSIONS		
	200	
COMA		
	10,000	
EMERGENCY DENTAL WORK		
Repair with crown	150	

INJURIES REQUIRING SURGERY

Eye injuries
Requiring surgical repair 250

Tendons/ligaments
Single 400
Double 600

Ruptured disc

Date of injury occurs during
first certificate year 100

Date of injury occurs after
first certificate year 400

Torn knee cartilage

Date of injury occurs during
first certificate year 100

Date of injury occurs after
first certificate year 400

Internal injuries (resulting in abdominal
or thoracic surgery) 1,000

Exploratory surgery (without repair) 250

PARALYSIS

Two Limbs or more 10,000

BURNS

Second Degree
Less than 10% 180
At least 10% but less than 25% 360
At least 25% but less than 35% 900
35% or more 1,800

Third Degree
Less than 10% 900
At least 10% but less than 25% 5,400
At least 25% but less than 35% 12,600
35% or more 18,000

SERVICES

Blood/plasma 200

Ambulance 500

Air ambulance 1500

Transportation			
Train Plane or Bus		300	
Family Member Lodging		100/per night	
Maximum Benefit - 30 days			
Prosthesis		500	
Appliances		100	
Accident Follow-up Treatment		35	
Maximum of 6 treatments per covered accident			
Physical Therapy		50	
Maximum of 6 treatments per covered accident			
Wellness		60	
Once per 12-month period			
HOSPITAL ADMISSION		1,500	
Payable once per calendar year			
HOSPITAL CONFINEMENT	300 /day		
Maximum Benefit – 365 days			
0 Day elimination Period			
HOSPITAL INTENSIVE CARE	600/day		
Maximum Benefit - 30 days			
0 Day elimination Period			
MAJOR DIAGNOSTIC EXAM	200		
Once per 12 month period			
REHABILITATION UNIT BENEFIT	150 /day		
Maximum Benefit –			
30 days per covered accident			
60 days per calendar year			
	SPOUSE		CHILD
Medical fees			
Maximum per accident	200		100
ACCIDENTAL DEATH	25,000		10,000
ACCIDENTAL COMMON CARRIER DEATH	50,000		50,000
CATASTROPHIC ACCIDENT	50,000		50,000

