



GREATAMERICAN[®]
FINANCIAL RESOURCES



The
**GREAT
AMERICAN★
PLAN**

**Accident Expense
Insurance Policy**
with Optional
Supplemental Insurance Benefits

- ★ **Hospital Admission**
- ★ **Hospital Daily Room**
- ★ **Outpatient Surgery**
- ★ **Critical Illness**
- ★ **Heart Attack & Stroke**
- ★ **Cancer**
- ★ **Accidental Death**



Underwritten by: Loyal American Life Insurance Company[®]

Base Policy Benefit



Accident Expense

The **Accident Expense Benefit** pays for covered expenses resulting from an accident, not to exceed the selected calendar year benefit amount. It pays for treatment rendered in a hospital emergency room or a physician's office that are incurred within 90 days of an accident.

Coverage is available from **\$1,000 to \$5,000** per person in \$500 increments and from **\$6,000 to \$10,000** per person in \$1,000 increments. It is available with no deductible or optional calendar year deductibles.

Amount Selected:

Applicant: \$ _____

Spouse: \$ _____

Child(ren): \$ _____

Deductible Choices:

★ \$0 ★ \$100

★ \$150 ★ \$200

Optional Supplemental Benefits



Hospital Admission

The **Hospital Admission Benefit** pays for a covered person's first occurrence hospital admission due to sickness, injury or complication of pregnancy. The benefit is paid directly to the insured person, not to exceed the calendar year benefit amount selected for confinements of at least one day.

Coverage is available from **\$500 to \$2,000** per person in \$250 increments. The benefit is not payable more than once per calendar year per person.

Amount Selected:

Applicant: \$ _____

Spouse: \$ _____

Child(ren): \$ _____



Hospital Daily Room

The **Hospital Daily Room Benefit** pays the selected benefit amount for each day of hospital confinement due to sickness, injury or complication of pregnancy, not to exceed the selected benefit period per confinement (minimum 24-hour confinement). The benefit is paid directly to the insured person.

Coverage is available from **\$200 to \$1,000** per person in \$100 increments. There is a choice of no elimination period, 1 day or 2 days.

Amount Selected:

Applicant: \$ _____

Spouse: \$ _____

Child(ren): \$ _____

Benefit Period (Days):

★ 30 ★ 60

Elimination Period (Days):

★ 0 ★ 1 ★ 2



Outpatient Surgery

The **Outpatient Surgery Benefit¹** pays up to the selected calendar year benefit amount for surgery performed in an outpatient facility due to a covered sickness or complication of pregnancy. (In WI, pays the entire calendar year benefit amount selected.)

Coverage is available from **\$100 to \$1,000** per person in \$100 increments.

Amount Selected:

Applicant: \$ _____

Spouse: \$ _____

Child(ren): \$ _____

Optional Supplemental Benefits



Critical Illness

The **First Occurrence Critical Illness Benefit** pays a lump sum benefit directly to the insured person upon the first diagnosis of a covered condition while this policy is in force.

- ★ Heart Attack ★ Stroke ★ Major Organ Transplant
- ★ Muscular Dystrophy ★ Kidney Failure ★ Life-threatening Cancer
- ★ Multiple Sclerosis

First Major Heart Surgery Benefit - A benefit of **25%** of the amount selected is paid for the first major heart surgery.

First Angioplasty Benefit - A benefit of **10%** of the amount selected is paid for the first angioplasty.

Coverage is available from **\$10,000** to **\$50,000** per person in increments of \$5,000.

Amount Selected:

Applicant: \$ _____

Spouse: \$ _____

Child(ren): \$ _____



Heart Attack & Stroke

The **First Occurrence Heart Attack and Stroke Benefit** pays a lump sum benefit directly to the insured person upon the first diagnosis of a heart attack or stroke while this policy is in force.

First Major Heart Surgery Benefit - A benefit of **25%** of the amount selected is paid for the first major heart surgery.

First Angioplasty Benefit - A benefit of **10%** of the amount selected is paid for the first angioplasty.

Coverage is available from **\$10,000** to **\$50,000** per person in \$5,000 increments. This benefit is not available if the Critical Illness Benefit is selected.

Amount Selected:

Applicant: \$ _____

Spouse: \$ _____

Child(ren): \$ _____



Cancer

The **First Occurrence Cancer Benefit** pays a lump sum benefit directly to the insured person upon the first diagnosis of life-threatening cancer while this policy is in force.

Coverage is available from **\$10,000** to **\$50,000** per person in \$5,000 increments. This benefit is not available if the Critical Illness Benefit is selected.

Amount Selected:

Applicant: \$ _____

Spouse: \$ _____

Child(ren): \$ _____



Accidental Death & Dismemberment

The **Accidental Death & Dismemberment Benefit** pays if a covered person suffers loss of life, sight or limb(s) due to injuries received in a covered accident. It pays for loss occurring within 90 days* of an accident. Benefits are doubled for covered accidents occurring while the covered person is a fare-paying passenger on a common carrier.

Accidental Death coverage is available from **\$10,000** to **\$50,000** in \$5,000 increments. **100%** of the amount selected is payable for loss of life; **50%** of the amount selected is paid for loss of both hands or both feet, sight of both eyes, or one hand and one foot; **25%** of the amount selected is paid for loss of one hand or one foot, or sight of one eye. The total amount payable under this benefit will not exceed the amount payable for loss of life.

** Not applicable in PA; 180 days in OR.*

Accidental Death Amount Selected:

Applicant: \$ _____

Spouse: \$ _____

Child(ren): \$ _____

Premiums & Renewability

Premiums

We may change the premium rates for the policy only if we also change the rates for all other policies issued in the same class. No change in premiums will be made because of the number of claims you file or because of a change in your health.

Guaranteed Renewable

You have the right to continue this policy if you pay the premium when due or within the grace period. At no time while you continue the policy in force may we place any restrictive riders on it.

Exceptions & Limitations

Accident Expense Benefit Accidental Death & Dismemberment Benefit

We will not cover benefits for an injury that is caused or occurs as a result of:

- War or act of war, whether declared or undeclared (in OK, while serving in the military or an auxiliary unit or working in an area of war);
- Injuries that are intentionally self-inflicted;
- Treatment for which no charges are made by the provider of the same;
- An injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity (in PA, illegal occupation);
- A covered person's being intoxicated (not applicable in OK) or under the influence of any narcotic unless administered under the advice of a physician (in WI, voluntarily);
- Treatment of alcoholism or drug addiction;
- Any injury or sickness paid for under any state or federal Workers Compensation, Employers Liability Law or similar law;
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft (not applicable in IL; in OK, aviation);
- Engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning (not applicable in IL, IA, OK);
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test (not applicable in IL, IA, OK);
- Practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received (not applicable in IL, OK);
- Committing or trying to commit suicide, whether sane or insane (in MO, only while sane; in PA, for committing or trying to commit suicide);
- Having any sickness or declining process caused by sickness, including physical or mental infirmity; or
- Being in an accident which occurs more than 40 miles outside the territorial limits of the United States, Canada, Puerto Rico and Virgin Islands (not applicable in OR).

Outpatient Surgery Benefit¹

No benefits will be paid for:

- Routine pregnancy; however, complications of pregnancy will be considered the same as any other sickness;
- Loss due to injury;
- Treatment for which no charges are made by provider of same;
- Cosmetic, voluntary or elective surgery;
- An elective abortion; or
- Any sickness paid for under any state or federal Workers Compensation, Employers Liability Law or similar law.

Hospital Admission Benefit Hospital Daily Room Benefit

We will not cover hospital confinements or other losses:

- For the following conditions if they are diagnosed within six months (in PA, if surgery is performed within six months) after the Effective Date unless confinement is on an emergency basis: a hernia (all types), adenoids, tonsils, varicose veins, hemorrhoids, disorder of the reproductive organs, or elective sterilization;
- For routine pregnancy; however, complications of pregnancy will be considered as any other sickness;
- For an elective abortion;
- For war or act of war, whether declared or undeclared (in OK, while serving in the military or an auxiliary unit or working in an area of war);
- For dental treatment unless due to injury;
- For injuries that are intentionally self-inflicted;
- For treatment for which no charges are made by the provider of the same;
- For cosmetic care, except when the hospital confinement is due to medically necessary reconstructive plastic surgery;
- For services which are primarily for rest care, convalescent care or for rehabilitation;
- For treatment of mental or nervous disorder without demonstrable organic disease;
- For an injury incurred while committing or attempting to commit a felony or engaging in an illegal occupation or activity (in PA, illegal occupation);
- Due to a covered person's being intoxicated (not applicable in OK) or under the influence of any narcotic unless administered under the advice of a physician (in WI, voluntarily);
- For treatment of alcoholism or drug addiction;
- For treatment in a hospital outside the United States or its possessions, except for emergency care for acute onset of sickness or accidental injury sustained while traveling for business or pleasure;
- For any injury or sickness paid for under any state or federal Worker's Compensation, Employer's Liability Law or similar law.
- For operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft (in OK, aviation);
- For engaging in hang gliding, bungee jumping, parachuting, sailgliding, parakiting, or hot air ballooning (not applicable in IA, OK);
- For riding in or driving any motor-driven vehicle in a race, stunt show or speed test (not applicable in IA, OK);
- For practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received (not applicable in OK); or
- For committing or trying to commit suicide, whether sane or insane (in MO, only while sane; in PA, for committing or trying to commit suicide).

Exceptions & Limitations

Cancer Benefit

No benefit is payable for the diagnosis of skin cancer (basal cell carcinoma, basal cell epithelioma or squamous cell carcinoma), carcinoma in-situ, premalignant conditions or conditions with malignant potential, including but not limited to severe cervical dysplasia (Class III and IV) and cervical intraepithelial neoplasm.

Critical Illness Benefit

Heart Attack & Stroke Benefit

Cancer Benefit

These riders provide benefits only for the first occurrence of a covered condition. The benefit is payable only once during the lifetime of a covered person. These riders do not provide benefits for any other disease, sickness or incapacity. The benefit for a first occurrence critical illness will be reduced by any prior benefit paid for major heart surgery or angioplasty.

There is a 60-day waiting period for coverage.² If a covered condition is diagnosed during the waiting period, or if advice or treatment received during the waiting period leads to the first occurrence of a covered condition, the insured has the option to cancel the policy and receive a refund of premiums paid³ (in OK, 10% of the benefit is payable if diagnosis occurs during the waiting period). In the event of a stroke, there is a 30-day period during which paralysis or neurological deficit must persist prior to payment of the benefit (not applicable in PA).

Pre-Existing Conditions

For These Benefits:

- Hospital Admission Benefit
- Hospital Daily Room Benefit
- Hospital Intensive Care Benefit

We do not cover pre-existing conditions for the first two years after coverage becomes effective (in North Carolina, one year).

For These Benefits:

- Outpatient Surgery Benefit¹
- Critical Illness Benefit
- Heart Attack & Stroke Benefit
- Cancer Benefit

Pre-existing conditions are not covered.

Pre-existing condition means:⁴

(a) the existence of symptoms which would cause an ordinarily prudent person to seek medical diagnosis, care and treatment within one year before the effective date of coverage, or

(b) a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a physician during the five years immediately preceding the effective date of coverage.⁵

Other Coverage

The Great American Plan pays in addition to other coverage. There is no coordination of benefits for the payment of a claim. If used as a supplement to a plan that qualifies for use with a Health Savings Account (HSA), consult with your tax advisor.

State Specific Footnotes

¹ In Pennsylvania, Outpatient Surgery Sickness Benefit.

² 30 days in AL, AR, MD, NC, OK, PA, TN and WV.

³ For Cancer Benefit in North Carolina, cancer diagnosed during the waiting period is not covered for 12 months.

⁴ In District of Columbia, (a) above is replaced with: (a) the existence of symptoms which would have caused a person to seek medical diagnosis, care or treatment within one year before the effective date of the policy.

In West Virginia, Pre-existing Condition means the existence of symptoms which would have caused an ordinarily prudent person to seek diagnosis, care or treatment within a 2 year period preceding the effective date of the policy; or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a 2 year period preceding the effective date of the policy.

In Pennsylvania, Pre-existing Condition means a condition for which medical consultation, advice or treatment was recommended by or received from or sought from a physician during the five years immediately preceding the effective date of coverage.

⁵ In Wisconsin, two years.



A Promise

In an era where many financial services companies are concerned with bottom-line results at the expense of customer service and loyalty, we come from the old school. We take great pride in providing the finest services to our employer groups, policyholders, business associates, agents - to everyone with whom we come in contact.

A Commitment to Financial Strength and Integrity

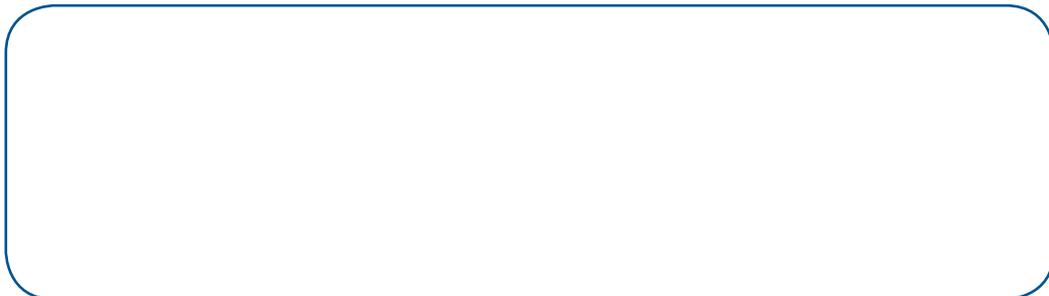
We have a specific responsibility to protect the policyholder funds entrusted to our care. Loyal American Life Insurance Company holds an A (Excellent) rating from A.M. Best, a widely recognized independent insurance industry analyst, on the basis of financial position and operating performance. (6/17/04)

A Solid Family of Companies

We are one of the Great American Financial Resources family of companies. The combined market strength of our companies along with our commitment to our supplemental products makes Loyal American a powerful force in the marketplace.



For more information, contact:



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