



Plans of insurance for the  
**Any Town, CSFA Enhanced Group Protection  
 Plans**

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Section I: Death Benefits</b>		<b>ESO, 211</b>	
A. Covered Injury Death Benefit	\$25,000	\$50,000	\$100,000
B. Covered Illness Death Benefit	\$25,000	\$50,000	\$100,000
C. HIV Positive Benefit	\$25,000	\$50,000	\$100,000
D. Bereavement Benefit - Covered Injuries	\$2,500	\$5,000	\$10,000
Bereavement Benefit - Covered Illnesses	\$2,500	\$5,000	\$10,000
E. Dependent Child Benefit (Per Child) - Covered Injury	\$10,000	\$10,000	\$10,000
Dependent Child Benefit (Per Child) - Covered Illness	\$10,000	\$10,000	\$10,000
F. Seat Belt Benefit	\$6,250	\$12,500	\$25,000
<b>Section II: Impairment Benefits</b>			
A. Dismemberment Benefits	\$25,000	\$50,000	\$100,000
B. Vision Impairments Benefits	\$25,000	\$50,000	\$100,000
C. Cosmetic Disfigurement from Burns	\$25,000	\$50,000	\$100,000
D. Permanent Physical Impairment - Covered Injuries	\$25,000	\$50,000	\$100,000
Permanent Physical Impairment - Covered Illnesses	\$25,000	\$50,000	\$100,000
E. Felonious Assault Benefit	\$6,250	\$12,500	\$25,000
F.* Impairment Modification Benefit	\$15,000	\$15,000	\$15,000
<b>Section III: Income Protection</b>			
A. Maximum Weekly Total Disability Benefit	\$400	\$600	\$1,000
i. Minimum Weekly Total Disability Benefit	\$100	\$100	\$150
ii.* Earned Income Replacement Benefit	\$300	\$500	\$850
B.* Partial Disability Benefit	Up to \$400	\$600	\$1,000
C.* First Week Disability Benefit	Up to \$1,000	\$1,000	\$1,000
D. Cost of Living Adjustment	Up to \$1,200	\$1,800	\$3,000
E. Transition Benefit	Up to \$400	\$600	\$1,000
F.* Retraining Benefit	Up to \$20,000	\$20,000	\$20,000
<i>* Benefits are Excess of Workers Compensation.</i>			
<b>Section IV: Medical Expenses</b>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
IV. A.* Medical Expense Benefit - Injury	\$10,000	\$10,000	\$10,000
B.* Plastic Surgery Benefit	\$10,000	\$10,000	\$10,000
Medical Expense Benefit - Illness	\$10,000	\$10,000	\$10,000
<b>Section V: Family Assistance</b>			
A. Weekly Hospital Confinement Benefit	\$210	\$350	\$420
B. Critical Care Benefit	\$420	\$700	\$840
C. Family Expense Benefit	\$20,000	\$20,000	\$20,000
D.* Rehabilitation Benefit	\$10,000	\$10,000	\$10,000
E. Mental Stress Management Benefit (Per Person, Per Incident)	\$10,000	\$10,000	\$10,000
F. Traumatic Incident Benefit (Per Covered Activity)	\$10,000	\$10,000	\$10,000
G. Health Insurance Premium Benefit	\$10,000	\$10,000	\$10,000
<i>* Benefits are Excess of Workers Compensation.</i>			
<b>Section VI: Optional Auxiliary Person and/or Community Volunteer Coverage</b>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
1. Covered Injury Death, Dismemberment, Loss of Sight, Speech or Hearing	Full Coverage	Full Coverage	Full Coverage
2. Weekly Total Disability Benefit	Full Coverage	Full Coverage	Full Coverage
3. Weekly Hospital Confinement Benefit	Full Coverage	Full Coverage	Full Coverage

4. Medical Expense Benefit

Full  
Coverage

Full  
Coverage

Full  
Coverage

5. Special Illness Benefit

Full  
Coverage

Full  
Coverage

Full  
Coverage



# Any Town, CSFA Enhanced Group Protection Plans

## Definitions & Explanations of the 211 Accident & Health Insurance Policy

Benefits apply while the Insured Person is performing an activity of the organization. Covered Injuries exclude organized league athletics, as separate coverage can be purchased. Covered Illnesses exclude Mental Stress, as it is covered in it's own section. All classes of Membership may be covered equally.

### **Section I: Death Benefits**

- A. Covered Injury Death Benefit** - This benefit is payable if Insured Person sustains a Covered Injury that directly causes the loss of life.
- B. Covered Illness Death Benefit** - Payable if an Insured Person suffers a Covered Illness which results from a Covered Activity and causes the loss of life.
- C. HIV Positive Benefit** - If Insured Person tests HIV Positive as a result of participation in a Covered Activity, the Insured Person may choose to receive the Optional HIV Positive Benefit in lieu of the Permanent Physical Impairment Benefit and/or Covered Illness Death Benefit or Covered Injury Death Benefit.
- D. Bereavement Benefit** - If the Insured Person sustains a Covered Injury or a Covered Illness which results in the loss of the Insured Person's life, an additional amount equal to 10% of the Principal Sum not to exceed \$10,000 will be payable for expenses associated with the Insured Person's death.
- E. Dependent Child Benefit** - If the Insured Person sustains a Covered Injury or a Covered Illness which results in the loss of the Insured Person's life, an additional \$10,000 will be payable for each Dependent Child.
- F. Seat Belt Benefit** - If an Insured Person is wearing a properly fastened seat belt and sustains a Covered Injury which results in the loss of the Insured Person's life, an additional amount equal to **25%** of the Covered Injury Death Benefit or Covered Illness Death Benefit is payable.

### **Section II: Impairment Benefits**

- A. Dismemberment, Loss of Speech or Hearing Benefit** - If an Insured Person sustains a Covered Injury that directly causes any of the losses shown in the Table of Losses related to dismemberment, speech or hearing, we will pay the amount shown for such loss.
- B. Vision Impairment Benefit** - Payable if the Insured Person suffers a permanent and irrecoverable loss of sight.  
Payable for Partial loss of sight as well as total loss of sight.
- C. Cosmetic Disfigurement from Burns** - If an Insured Person suffers a cosmetic disfigurement due to a burn that is classified as a third degree or full thickness burn as a result of a Covered Injury, this benefit will be based on a percentage of the Principal Sum and will depend on the area of the body which was burned.

- D. Permanent Physical Impairment Benefit** - If an Insured Person suffers a Covered Injury or a Covered Illness which results in a Permanent Physical Impairment, we will pay a P.P.I. Benefit. The impairment value will be expressed as a percentage in relationship to the whole person.
- E. Felonious Assault Benefit** - If an Insured Person is participating in a Covered Activity and sustains a Covered Injury caused by a criminal act of violence directed at the Insured Person, we will pay an additional benefit equal to 25% of the total benefit paid, not to exceed \$50,000.
- F. Impairment Modification Benefit** - Payable if an Insured Person's physical limitation or impairment poses a safety risk or inhibits the Insured Person's ability to maintain independence in their current transportation or living situation.

### **Section III: Income Protection**

**Maximum Weekly Total Disability Benefits - Covered Injury(s)** payable up to Lifetime. **Covered Illness** payable up to age 67 or 5 years, whichever is later.

- A.i. Minimum Weekly Total Disability Benefit** - Paid in addition to any benefit from any source.
- A.ii. Earned Income Replacement Benefit** - Payable in coordination with the Minimum Weekly Benefit to replace the Insured Person's Weekly Earned Income at the time of disability in excess of other loss of earnings coverages (e.g.-Workers' Compensation).
- B. Partial Disability Benefit** - Payable on return to any occupation and income loss from a Covered Injury or Covered Illness. Benefit can be paid as much as for total disability. Payment is for the greater of a) up to age 67 or normal retirement age, or b) 5 years.
- C. First Week Total Disability Benefit** - For the first week of total disability, we will pay a benefit of up to \$1,000, in excess of other loss of earnings coverage (e.g.-Workers' Comp.), to replace the Insured Person's lost Gross wages at the time of a Covered Injury or Covered Illness.
- D. Cost Of Living Adjustment** - Adjustments are made at the greater of 5% or the CPI-U (up to 8%) on the anniversary date of the Covered Injury or Covered Illness for continuous disability. COLA's are compounded annually not to exceed three times the Maximum Weekly Total Disability Benefit limit.
- E. Transition Benefit** - If an Insured Member is released to return to his or her primary employment after receiving benefits under this policy for a Covered Injury or Covered Illness, and their position at their primary employer has been terminated, we will continue to pay benefits equal to the most recent amount for a period of up to 26 weeks while the Insured Person actively seeks employment.
- F. Retraining Benefit** - Payable for voluntary participation in a program of retraining in an Institution of Higher Learning, we will pay for the tuition and books charged by the Institution as set forth in a written agreement. The maximum benefit is \$20,000.

### **Section IV: Medical Expenses**

- A. Medical Expense Benefit for Covered Injuries or Covered Illness** - Payable for actual cost to Insured Person of medical or surgical treatment, preventative inoculations, hospital confinement or employment of a trained nurse. There is NO TIME LIMIT for first medical treatment or for the rest of the benefit to be used.
- B. Plastic Surgery Expense** - An additional 25% of the Medical Expense Benefit may be used for plastic surgery needed as the result of a Covered Injury, but not less than \$10,000.

## **Section V: Family Assistance**

**A. Weekly Hospital Confinement Benefit** - This benefit is payable during inpatient confinement but not to exceed 730 days. Following one day or more of such confinement, the benefit is payable for out-patient physical therapy or follow up medical treatment.

If an Insured Person receives outpatient physical therapy, rehabilitation or follow-up physician's appointments when inpatient stay is not required, we will pay 1/7 of the Weekly Hospital Confinement Benefit not to exceed 365 days for each day of such treatment.

**B. Critical Care Benefit** - Payable if an Insured Person, due to a Covered Injury or Covered Illness, is hospital confined to an Intensive Care, Trauma, Critical Care, Burn, or similar specialty unit, we will pay 2/7 of the Weekly Hospital Confinement Benefit shown on the Policy Schedule page for each full day of such confinement, but not to exceed 730 days.

**C. Family Expense Benefit** - Payable if the Insured Person requires medical treatment causing one or more of their immediate family to incur additional expenses, including loss of wages, to accompany the Person or to help treat the Person.

**D. Rehabilitation Benefit** - Payable for voluntary participation in an approved program designed for occupational rehabilitation, either in your occupation or in a reasonable occupation.

**E. Mental Stress Management Benefit** - Payable for disability, medical expenses or hospital confinement if insured Person suffers a mental stress related illness. Must continually receive care by a physician appropriate for the condition. Benefit is a maximum paid per person, per Covered

**F. Traumatic Incident Benefit** - Payable for such support services as traumatic incident stress defusing, debriefing, spousal support, and stress reduction. Benefit is maximum paid per Covered Activity.

**G. Health Insurance Premium Benefit** - Payable if medical or health insurance premiums previously paid by the employer have been discontinued as a result of an Insured Person's Covered Injury or Covered Illness and the Insured Person incurs out of pocket costs for those medical or health insurance premiums.

## **Exclusions and Limitations**

War or act of war. Disability claims resulting from athletic events will be limited to a maximum period of 1,092 days. In no event will benefits be payable for more than one disability at the same time.

If an Insured Person is covered by more than one Emergency Organization's Accident & Health policy issued by Provident Life and Accident Insurance Company, the total benefits payable will not exceed those payable under the policy which provides the greatest benefit. An Insured Person may reopen his or her claim at any time up to five years following a period of total or partial disability for either injuries or illnesses for which payments were made under this policy.

## **Section VI: Optional Auxiliary Person and/or Community Volunteer Coverage**

Coverage applies while performing the duties of volunteers or in other activities of their organization.

- A. Covered Injury Death, Dismemberment, Loss of Sight, Speech or Hearing** - All or part of this benefit is paid based upon loss. Paid in addition to all other benefits.
- B. Weekly Total Disability Benefit** - Payable for a Covered Injury if such injury causes a Covered Person to be unable to perform his or her major responsibilities. Payable for a period of up to 1,092 days.  
**Partial Disability Benefit** - Payable at one half of the Weekly Total Disability Benefit.
- C. Weekly Hospital Confinement Benefit** - Payable up to 730 days.
- D. Medical Expense Benefit** - Payable for Covered Injury medical costs.
- E. Special Illness Benefit** - If the Covered Person suffers a Covered Illness which causes disability or death, we will pay benefits for death, disability, medical expenses, and hospital confinement as a part of and up to the Special Illness Benefit Limit.

## **Section VII: Organized League Athletics Coverage**

- A. Organized Athletics Death Benefit** - Also paid for loss of sight, speech or hearing.
- B. Weekly Total Disability Benefit** - If an Insured Person is totally disabled, benefits can be payable for up to a period of 1,092 days. Partial Disability is payable at one half of the Weekly Total Disability Benefit.
- C. Weekly Hospital Confinement Benefit** - Payable up to 730 days.
- D. Medical Expense Benefit** - Payable for Covered Injury medical costs.

This is only an outline. Please see Specimen Policy  
Form 211 issued by Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN, 37402.  
This program administered by Provident Agency, Inc., PO Box 11588, Pittsburgh, PA 15238.  
Call us toll-free at 800-447-0360 or visit us online at [www.providentbenefits.com](http://www.providentbenefits.com)