

# Accident Indemnity

FOR ACCIDENTS ONLY - ON OR OFF THE JOB!

COSTS LESS THAN \$1.00 A DAY!

Plan for the unexpected!

Helps supplement out of pocket expenses!



Helps with co-pays!

INJURIES OCCUR EVERY

15 seconds involving a motor-vehicle 10 seconds at work

3 seconds off the job

2 seconds at home

National Safety Council, Injury Facts, 2010 Edition

#### **UTUIA'S PROMISES TO YOU**

- All benefits are paid directly to you.
- Benefits are always payable at full value regardless of any other insurance you may have.
- Only YOU can cancel your coverage.
- No physical required.
- Benefits will NEVER be reduced.

- Your premium does not increase with age.
- ❖ You will never be singled out for a rate increase.
- Guaranteed renewable to age 80.
- No payback provisions, including FELA and railroad retirement.

**WILLIAM ORTAGUS** 

5407 CAMPWOOD ST SAN ANTONIO, TX 78233 (337) 263-1115

## ALL THESE BENEFITS FOR LESS THAN \$1.00 PER DAY!

## ACCIDENTAL INJURY \* BENEFITS

**Benefit Level 2** 

### Emergency Treatment

Insured/Spouse Rider

Children's Rider

Insured/Spouse Rider

Children's Rider

\$100 \$50 \$75

\$37.50

Payable for treatment by a physician, treatment received in a hospital emergency room, or for X-rays.

## Hospital Confinement

\$300

\$150

\$225

\$112.50

Payable for each day confined to a hospital for at least 18 hours and charged for a room for treatment of injuries sustained in a covered accident.

## ICU Confinement

\$400

\$200

\$300

\$150

Payable in addition to the Hospital Confinement Benefit when confined and charged for an Intensive Care Unit room.

## Specified Sum Benefits

\$60 to \$12,000

\$30 to \$6,000

\$45 to \$9,000

\$22.50 to \$4.500

Benefit paid for specific injuries or procedures (see policy for complete details) such as:

Dislocations

Eye Injuries Coma

Burns Lacerations

Fractures

Surgical Procedures **Paralysis** 

Skin Grafts

#### **Major Diagnostic Exams**

\$200

\$100

\$150

\$75

Payable for CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram).

#### **Physical Therapy**

\$40

\$20

**S30** 

\$15

Payable for treatment by a physical therapist.

#### **Prosthesis**

\$600

\$300

\$450

\$225

Payable if a covered person requires use of a prosthetic device.

#### **Ambulance**

Ground - \$200 Air - \$1,200

Ground - \$100 Air - \$600

Ground - \$150 Air - \$900

Ground - \$75 Air - \$450

Payable if a covered person requires ambulance transportation to a hospital or emergency center.

\* Accidental Injury – You will be eligible for benefits under this policy if your injury is caused directly, and independently of all other causes, from accidental injury.

**Platinum and Gold Monthly Premium** 

Issue Ages	Insured	Spouse Rider	Issue Ages	Children's Rider
59 and under	\$28.00 / \$22.00	\$23.00 / \$18.00	0 - 18	\$21.00 / \$16.00
60 - 65	\$30.00 / \$24.00	\$25.00/ \$20.00	Children's Rider	
Insured and Spouse Rider have identical benefits.			covers	s ALL children.