

```
C L
       $1,000 $12,000
   $12,500
    $60
      ......$100 E , $400 C , , D
      ).....$30 $500
    (
Requires Surgery
   $300
      C ......$750 - , $1,500 -
   D ......$750
     $750
Surgical Care
         )......$1,500
    $150
        $200
      $300
```

## **Transportation/Lodging Assistance**

, 50

• \$600 3 • L ( )......\$150

## **Accident Hospital Care**

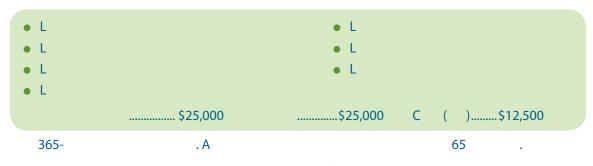
## **Accident Follow-Up Care**

### **Accidental Dismemberment**

L F / ......\$1,000 ,\$2,000
 L L /F / E .....\$7,500 ,\$15,000

# **Catastrophic Accident**

F :



#### **Accidental Death**

	Acc\$d a D a	C Ca 🕸
•	\$50,000	\$200,000
•	\$50,000	\$200,000
• C ( )	\$10,000	\$40,000

30-

```
₿c.d:
B
B
B
• CA 15-3 (
                                     Α(
• CA125 (
                                           DL LDL
• C

    CEA (

• C -
• C
• E
            (EC )
            (EK , EC )
• E
• F

    F
```

Who will be covered? (check one)

0

10/11

2011 C L & A C .
C L C L & A .
C L Ma & ~~~ .
C L & A C .

I

100