



## **EXTRA BENEFITS RIDER**

**READ YOUR RIDER CAREFULLY.** In consideration of the additional premium and effective with the date of issue, coverage under the Policy to which this Rider is attached is extended to include the following benefits:

### **ANNUAL PHYSICAL EXAMINATION BENEFIT**

If, while this Rider is in force, a Covered Person (a) has not used any other benefit under this Rider or the Policy (except the Prescription Drug Benefit); and (b) has a physical examination performed by a Physician more than 12 months after the Effective Date of this Rider, we will pay a benefit in the amount of \$150.00 for such examination. After a Covered Person's first annual physical examination for which this benefit is payable, and while this Rider is in force, we will pay a benefit of \$150.00 each time a Covered Person has a physical examination performed by a Physician in each succeeding 12-month period, provided the Covered Person has not used any other benefit under this Rider or the Policy during such 12-month period, limited to one physical examination in any 12-month period.

### **ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT**

If, while this Rider is in force, a Covered Person (a) suffers an accidental death; or (b) suffers an accidental bodily injury that results in the loss of finger, toe, hand, arm, foot, leg, or sight, we will pay benefits in an amount equal to the benefit shown in the Insured Schedule.

We will pay benefits in an amount equal to the Accidental Death Benefit shown in the Insured Schedule if Your death is due to any injury. To be covered, death must occur within 90 days after the date the injury was sustained and while this policy is in force. Benefits will be paid to Your beneficiary in the event of Your death.

If an Injury results in Loss of finger, toe, hand, arm, foot, leg or sight of You within 90 days of the accident causing such Injury, the Company will pay the Accidental Dismemberment Benefit shown in the Insured Schedule. The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit per Accident shown in the Insured Schedule.

We do not pay benefits for both Accidental Death and Accidental Dismemberment if caused by the same accident. If both an Accidental Death Benefit and Accidental Dismemberment Benefits would otherwise be payable, benefits will be paid under the provision that would pay the most.

"Injury" means accidental bodily injury resulting directly and independently of all other causes from an accident which occurs while the Covered Person whose injuries are the basis of a claim is covered under this Policy, and which causes loss while this Policy is in force. Injury shall be deemed to include all injuries resulting from any one accident.

### **Exclusions & Limitations Specific to the Accidental Death & Dismemberment Benefit**

We will not pay benefits under this policy for services or expenses or any such Loss resulting from or in connection with: (a) expenses due to an accident beginning while this policy is not in force, or its complications or subsequent effects; (b) suicide, attempted suicide or intentionally self-inflicted injuries, while sane or insane; (c) dental care or treatment except due to accidental Injury to natural teeth; or (d) travel or flight in any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline.

## HOME MEDICAL EQUIPMENT BENEFIT

If, while this Rider is in force, a Covered Person requires **Home Medical Equipment** specifically related to the Sickness or Injury for which Home Health Care Benefits are paid, we will pay benefits as shown in the Insured Schedule. **The Limit per Maximum Benefit Period is the most we will pay for Home Medical Equipment during any one Maximum Benefit Period.**

When the term **Home Medical Equipment** is used in this Rider, it means items which:

- are reasonable and necessary to sustain a minimum threshold of independent daily living;
- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness or injury;
- are ordered or prescribed by a physician;
- are reusable;
- can stand repeated use; and
- are appropriate for use in the home.

**Covered Home Medical Equipment is limited to the following:**

Mobility Assistance: Wheelchairs; walkers, rollators, canes, crutches or similar walking aids.

Transfer Aids: Gait/transfer belts; transfer benches; transfer boards; transfer mats.

Bathroom Safety: Shower chairs; elevated toilet seats; commode chairs.

Home Accommodations: hospital beds; patient lifts; trapezes.

Personal Medical Equipment: braces (arm, leg, back and neck).

Home Medical Equipment must be the most appropriate model that adequately meets a member's medical need in the performance of Activities of Daily Living, as measured by Medicare guidelines. Some items ordered by a physician, even if medically necessary, may not be covered. Total benefits for rented equipment may not exceed the benefit for purchase of that same equipment.

### Exclusions & Limitations Specific to the Home Medical Equipment Benefit

We will not pay benefits under this policy for services or expenses or any such Loss resulting from or in connection with: (a) charges in excess of usual and customary amounts for like items; (b) equipment with features in excess of the model required to adequately meet a Covered Person's medical need in the performance of Activities of Daily Living; (c) disposable equipment or supplies; (d) medical supplies, ostomy or urological supplies; (e) oxygen and respiratory care equipment; (f) rehabilitative and assistive technology not listed above[; repairs, maintenance or replacement of Home Medical Equipment].

All the provisions, conditions and limitations of the Policy to which this Rider is attached which are not modified hereby and which are not in conflict herewith shall be applicable to this Rider.

IN WITNESS WHEREOF, Standard Life And Casualty Insurance Company has caused this Rider to be executed by its President and Secretary at its Home Office at 420 East South Temple, Suite 555; Salt Lake City, UT 84111.

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SECRETARY

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PRESIDENT